

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1959

59-010921

STATE FILE NUMBER

2 2724

Registration District No.

Primary Registration District No.

Registration District No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital DOA		d. STREET ADDRESS (If outside, give location) 4533a Alice, Ave.	
3. NAME OF DECEASED (Type or print) Louise Furman		4. DATE OF DEATH Month March Day 17 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Oct. 11, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clerk U.S. Government		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Warsaw, Illinois.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Mark Yohe		13b. MOTHER'S MAIDEN NAME Calra Clippert	
14. NAME OF HUSBAND OR WIFE Frank		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil.	
16. SOCIAL SECURITY NO. None		17. INFORMANT Earl Yohe, 4533a Alice, Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Secular Poisoning		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Then deceased took over dose of prescribed pills		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition giving rise to (a) (b) (c) 970.2 He then died at a hospital March 17th, 1959. While suffering a temporary mental aberration		20. DESCRIBE INUSUAL OCCURRENCE, if any, in the terminal disease condition giving rise to (a) (b) (c) He then died at a hospital March 17th, 1959. While suffering a temporary mental aberration	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
20c. TIME OF INJURY Hour 3 a.m. 17 p.m. 1959		20d. CITY, TOWN, OR LOCATION St. Louis Mo	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION St. Louis Mo	
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at 10:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Patrick Taylor Carmon	
22b. ADDRESS 1300 Clark		22c. DATE SIGNED 3.17.59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 3-18-59	
23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		23d. LOCATION (City, town, or county) St. Louis County, Mo.	
24. FUNERAL DIRECTOR Bensiek-Niehaus, 1431 N. Union, Blvd.		25. DATE RECD. BY LOCAL REG. MAR 17 '59	
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed


Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

- If this body is not embalmed, fact should be so stated above.